

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	108231	12-27-99
O.I.P.E. CLASSIFIER			01-18-00
FORMALITY REVIEW	J.M.	108231	1-19-00
RESPONSE FORMALITY REVIEW	J.M.	108231	3-14-00

INDEX OF CLAIMS

✓ Rejected
 N Non-elected
 I Interference
 A Appeal
 O Objected
 (Through numeral) ... Canceled
 - - - - - Restricted

Claim	Final	Original	Date
1	✓	✓	4-7-00
2	✓	✓	4-13-00
3	✓	✓	7-2-01
4	✓	✓	3-25-01
5	✓	✓	12/1/02
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
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28	✓	✓	
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41	✓	✓	
42	✓	✓	
43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	12/1/02
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)